

# First Judicial District Treatment Court

## Authorization for the Limited Release of Confidential Information

*The information gathered in this report will be limited to determining the defendant's eligibility for Treatment Court until such time that a Treatment Court contract is signed by the defendant, defense counsel, and the Court. Furthermore, the county attorney agrees not to use this information for any purpose except to determine eligibility for and compliance with the Treatment Court contract.*

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

To: First Judicial District Tx Ct  
228 Broadway  
Helena MT 59601

By Defendant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (406) 447-8205

FAX (406) 447-8421

\_\_\_\_\_  
(Telephone Number)

I, \_\_\_\_\_, authorize the First Judicial District Treatment Court to  
( Print Full Name )

receive the following records for the purpose of the Initial Interview Report.

(Check all that are specifically authorized)

_____ Family Information	_____ Legal Status	_____ Education
_____ Employment	_____ Financial Information	_____ Medical Information
_____ Psychological Information	_____ Substance Use / Abuse History	

I further authorize the exchange of information between the Treatment Court Case Manager and the Treatment Court for the purpose of the Initial Interview Report. \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without written consent (42 CFR Part 2). This consent may be revoked by me at any time except to the extent that action has been taken in reliance thereon. I also understand that any information as to ongoing fraud on the court, on going crimes, and/or future crimes may not be covered by this confidentiality agreement.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Defendant's Date of Birth

\_\_\_\_\_  
Witness Signature and Phone Number ( )

\_\_\_\_\_  
Expiration: \_\_\_\_\_  
(1 Year from Date of Interview)

## Refusal of Authorization for a Request

Refusal of Authorization \_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date